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PTO/SB/21 (09-04)

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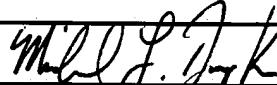
TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	5	Attorney Docket Number	019396-001400US
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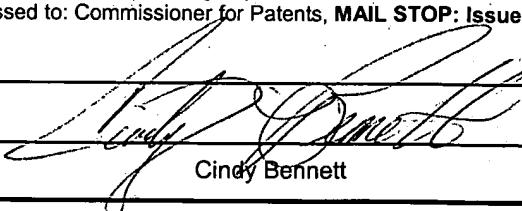
ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Second Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard	
		Remarks <input data-bbox="587 918 1419 971" type="text" value="The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430."/>	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Michael L. Drapkin		
Date	November 29, 2005	Reg. No.	55,127

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, MAIL STOP: Issue Fee, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Cindy Bennett	Date	November 29, 2005

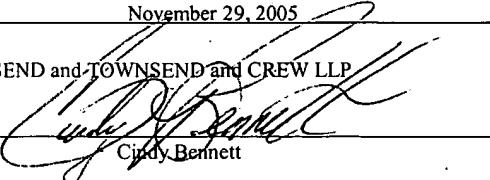
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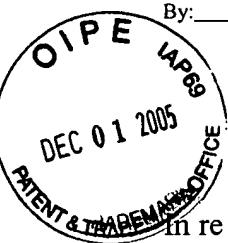
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PATENT
Attorney Docket No.: 019396-001400US
Client Reference No.: D2481

On November 29, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: 
Cindy Bennett



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

in re application of:

Nathan F. Raciborski et al.

Application No.: 09/663,551

Filed: September 18, 2000

For: RESIZABLE GRAPHICAL
USER INTERFACE

Group Director: 2676

Examiner: Wesner Sajous

Art Unit: 2676

SECOND SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR §1.97 and §1.98

MAIL STOP: Issue Fee
Commissioner for Patents
P.O. Box 1450
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Sir:

The reference cited on attached form PTO/SB/08A is being called to the attention of the Examiner. U.S. patents are *not* enclosed in accordance with the Patent Office waiver issued August 5, 2003 in the Official Gazette, which states as follows:

The Office hereby waives the requirement under 37 CFR 1.98(a)(2)(i) for submitting a copy of each cited U.S. patent and each U.S. patent application publication for all U.S. national patent applications filed after June 30, 2003 and for all international applications that have entered the national stage under 35 USC 371 after June 30, 2003. See 37 CFR 1.491(b).

It is respectfully requested that the cited reference be expressly considered during the prosecution of this application, and the reference be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

This IDS is being filed on or before payment of the issue fee.

CERTIFICATION

I hereby upon information and belief, each item of information listed herein was both (a) cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this IDS, and (b) cited in a communication from a foreign patent office in a counterpart application and that this communication was not received by any individual designated in § 1.56(c) more than 30 days prior to the filing of this Information Disclosure Statement.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit

any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Michael L. Drapkin
Reg. No. 55,127

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: 303-571-4000
Fax: 303-571-4321
MLD:cmb

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Substitute for Form 14069/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT					
(use as many sheets as necessary)					
Sheet	1	of	1		
				Attorney Docket Number	019396-001400US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number Kind Code ² (if known)			
AA	US-5,751,283		05/12/1998	Smith	
AB	US-				
AC	US-				
AD	US-				
AE	US-				
AF	US-				
AG	US-				
AH	US-				
AI	US-				
AJ	US-				
AK	US-				
AL	US-				
AM	US-				
AN	US-				
AO	US-				
AP	US-				
AQ	US-				
AR	US-				
AS	US-				
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FOREIGN PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document
		Country Code ³	Number ⁴ Kind Code ⁵ (if known)		
	AU				
	AV				
	AW				
	AX				
	AY				
	AZ				
	BA				
	BB				

Examiner Signature	Date Considered
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.